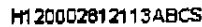


**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

((H12000281211 3)))



FILED

2012 NOV 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**Email Address:** \_\_\_\_\_

RECEIVED

12 NOV 30 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLANCO, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

FL015 - 11/09/2012 Webform Klawer Online

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: PLANCO, LLC
2. (a) Principal office address of limited liability company: 1500 LIBERTY RIDGE DRIVE  
Suite 100  
WAYNE, PA 19087  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1500 LIBERTY RIDGE DRIVE  
Suite 100  
WAYNE, PA 19087  
(Note: **MAY BE POST OFFICE BOX**)
- 05/04/2006  
3. Date of filing/registration in Florida
4. Document number M06000002506
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: CORPORATION SERVICE COMPANY  
Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
NEW Registered Agent: C T Corporation System  
NEW Registered Office Address: 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sharlin Aldwo  
Signature of a member or authorized representative of a member

Sharlin Aldwo  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System

Signature of Registered Agent

Kristin Bolden  
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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2012 NOV 30 AM 8:00  
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TALLAHASSEE, FLORIDA